

Revision: HCFA-PM-91-10 (BPD)

ATTACHMENT 4.38-A

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MINNESOTA

## COLLECTION OF ADDITIONAL REGISTRY INFORMATION

The following additional data is requested of people applying for the ~~nursing assistant nurse aide~~ registry in Minnesota:

1. ~~Race/ethnic information. Disclosure of this information by the applicant is optional and is used for statistical purposes only.~~
2. ~~The name of the training site and its location (i.e., city and state).~~
3. ~~The name of the competency evaluation (i.e., testing) site and its location.~~
4. ~~The applicant's full name at the time of testing.~~
5. ~~The applicant's address at the time of testing.~~
6. ~~The full name and the signature of the testing evaluator in order to verify that the applicant passed the competency evaluation.~~
7. ~~the name of the applicant's employer if a nursing facility, temporary agency or home health agency.~~
8. 2. The employment start date for Item 7 1.
9. 3. The full name and signature of the nursing facility administrator or director of nursing listed in item 7 5 in order to verify the employment of the applicant.
10. 4. The signature of the applicant, certifying that all information provided is true and correct.
11. 5. The date the application is completed.

All ~~Specific~~ information requested of applicants to the ~~Nursing Assistant Nurse Aide~~ Registry in Minnesota is public information and can be disclosed to anyone who requests the information. Applicants are informed of this on the application form by the following notification: "The data supplied become part of your permanent file which is a public record." In Minnesota, an applicant's name is considered public information.

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